

City of Savannah – Revenue Department
132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

SAINT PATRICK'S BUSINESS TAX RETURN

Account No. _____ Calendar Year 2010 NAICS No. 722211

Tax Class B Classification FIXED LOCATION FOOD VENDOR PIN _____

Application must be fully completed before processing. Please Type or Print with Ballpoint Pen. All tax certificates expires on March 17th of the year issued. Report any change of location/ mailing address promptly to Business Tax Department. Information on reverse side of application.

1. Have you ever operated a Business in the City of Savannah? Yes No 2. Today's Date _____

3. Corporation Name _____ 4. Business Address (Physical location) _____

5. Trade Name if Different Than Line 3 (DBA) _____ 6. Mailing Address _____

7. Business Telephone No. _____ Contact No. _____ Cell No. _____

8. Contact Person: _____ 9. E-Mail Address: _____

10. Owner - Personal Information:
Name _____ Address: _____
City _____ State _____ Zip Code _____
Phone # _____ Date of Birth _____ Social Sec. No. _____

11. Dominant Business: _____
Other Business Activities Performed: _____

12. Federal Tax ID# _____ State Tax ID _____
If required. Application will be returned if not provided **If required. Application will be returned if not provided**

13. Estimated Gross Revenue from Start Date of New Business to March 17th _____ 14. Business Tax from Schedule _____

Confidential

Total Due \$ _____

15. Describe how you determined the gross receipts bracket entered on line 11.

16. I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANNAH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date _____ Title _____

City of Savannah — Revenue Department
132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

SAINT PATRICK'S BUSINESS TAX RETURN

Account No. _____ Calendar Year 2010 NAICS No. 454390

Tax Class A Classification FIXED LOCATION PEDDLER VENDOR PIN _____

Application must be fully completed before processing.. Please Type or Print with Ballpoint Pen. All tax certificates expires on March 1st of the year issued. Report any change of location/mailling address promptly to Business Tax Department. Information on reverse side of application.

1. Have you ever operated a Business in the City of Savannah? Yes No 2. Today's Date _____

3. Corporation Name _____ 4. Business Address (Physical location) _____

5. Trade Name if Different Than Line 3 (DBA) _____ 6. Mailing Address _____

7. Business Telephone No. _____ Contact No. _____ Cell No. _____

8. Contact Person: _____ 9. E-Mail Address: _____

10. Owner - Personal Information:
Name _____ Address: _____
City _____ State _____ Zip Code _____
Phone # _____ Date of Birth _____ Social Sec. No. _____

11. Dominant Business: _____

Other Business Activities Performed: _____

12. Federal Tax ID# _____ State Tax ID _____
If required. Application will be returned if not provided **If required. Application will be returned if not provided**

13. Estimated Gross Revenue from Start Date _____
of New Business to March 17th. 14. Business Tax from Schedule _____

Confidential

Total Due \$ _____

15. Describe how you determined the gross receipts bracket entered on line 11.

16. I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANNAH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

Signature: _____ Date _____ Title _____